## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## FILED DOCUMENT # **F98000000592** May 24, 2000 8:00 am Secretary of State 1. Entity Name REHAB ADVANTAGE, INC. 05-24-2000 90152 008 \*\*\*150.00 Principal Place of Business Mailing Address 4718 OLD GETTYSBURG RD. PO BOX 2034 MECHANICSBURG PA 17055-0793 MECHANICSBURG PA 17055 2. Principal Place of Business 3. Mailing Address 47/6 OLD GETTYSBURGED Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-2947351 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PCEO** Addition TITLE ☐ Delete ORTENZIO, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 4718 OLD GETTYSBURG RD. CITY-ST-ZIP CITY-ST-ZIP **MECHANICSBURG PA 17055** ☐ Change ☐ Addition TITLE Delete TITLE TARVIN, MICHAEL E NAME NAME STREET ADDRESS 4718 OLD GETTYSBURG RD. STREET ADDRESS CITY-ST-ZIP **MECHANICSBURG PA 17055** CITY-ST-ZIP ☐ Addition\_ TITLE ☐ Delete TITLE Change ROMBERGER, SCOTT A NAME NAME STREET ADDRESS 4718 OLD GETTYSBURG RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MECHANICSBURG PA 17055** ☐ Change ☐ Addition ☐ Delete TITLE MOORE, KENNETH L NAME NAME STREET ADORESS STREET ADDRESS 4718 OLD GETTYSBURG RD. CITY-ST-7/P CITY-ST-ZIP **MECHANICSBURG PA 17055** Change VDC ☐ Addition ☐ Delete TITLE TITLE V FRITSCH, S F NAME NAME 4718 OLD GETTYSBURG RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MECHANICSBURG PA 17055** TITLE ☐ Change TITLE Delete NAME EGAN, JOHN F Patricia A. Rice STREET ADDRESS STREET ADDRESS 300 S. DUNCAN AVE., #300 4718 Old Gettysburg Road CITY-ST-ZIP CLEARWATER FL 34615 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i); Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attachment with an address with all other like empowered.